

EXHIBIT 21

United States of America
Railroad Retirement BoardForm Approved
OMB No. 3220-0039

404809

Statement of Sickness

Instructions: This form is to be executed by (1) a doctor trained in medical, surgical, dental or psychological diagnosis of the infirmity described, (2) a certified nurse/midwife in cases of pregnancy or childbirth, (3) a supervisory official of a hospital or similar institution, (4) a chiropractor, (5) a Physician Assistant - Certified, or (6) a nurse practitioner. This form should be completed and returned to the patient immediately for prompt mailing; otherwise he/she may lose benefits. Supplementary medical information may be attached or furnished directly to the Railroad Retirement Board (RRB) at the address shown below. If such information is furnished, please include the patient's social security number and name on the report. Please complete section 2 on the reverse side if patient is incapable of signing forms.

The RRB is not liable for any charge in connection with completing this form.

1. Patient's Name (First, Middle, and Last)

Jacob Goss

2. Patient's Social Security Number

612-09-2096

3. Have you examined or treated the patient for his or her injury or illness? ☐ Yes ☒ No Go to Item 9

a. Date patient became sick or injured

5-25-2016

b. List all dates of examination and treatment for this infirmity

Based on review of medical records.

c. Probable date of next examination

Unknown at this time

4. Diagnosis and concurrent conditions

Color Vision Defect

5. Does the patient's condition require surgery? ☐ Yes ☒ No -- Go to Item 6

a. Date on which surgery was or will be performed

NA

b. Surgical procedure that was or will be performed

NA

6. Does the patient's condition require hospitalization?

☐ Yes -- Enter the period of hospital confinement: From _____ To _____☒ No

7. If patient is not working because of maternity or childbirth, complete 7a and 7b.

a. Date patient became unable to work

NA

b. Estimated or actual date of delivery

NA

8. Give the date you believe the patient became or will become able to resume work in his or her occupation.
(If indefinite or unknown, please give an estimated date.)

NA

9. I certify that the information I am giving is true, complete, and correct. I understand that criminal and civil penalties may be imposed on me for false or fraudulent statements or for withholding information to cause or prevent payment of benefits by the RRB.

Please print or type:

Name of Doctor

JOHN HOLLAND, M.D.

Signature of Doctor

John Holland MD MPH

Degree/Title

CHIEF MEDICAL OFFICER

Address

UNION PACIFIC RAILROAD (877) 275-8947

Date

5-25-2016

HEALTH & MEDICAL SERVICES
1400 DOUGLAS STREET #0350

OMAHA, NE 68179-0350

PAPERWORK REDUCTION ACT NOTICE TO DOCTOR

Medical evidence is needed to support the payment of claims for sickness benefits under the Railroad Unemployment Insurance Act (RUIA). The RRB is authorized to collect this information under section 12(l) of the RUIA. You are not required to furnish this information. If you do not, however, no benefits can be paid to your patient. We estimate this form and the form on the back of this page take an average of 8 and 6 minutes to complete, respectively. The estimates include the time for reviewing the instructions, getting the needed data, and reviewing the completed forms. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Chief of Information Resources Management, Railroad Retirement Board, 844 N Rush Street, Chicago, Illinois, 60611-2092. Send completed forms to:

U.S. RAILROAD RETIREMENT BOARD
OFFICE OF PROGRAMS—OPERATIONS

POST OFFICE BOX 10695

CHICAGO, ILLINOIS 60610-0695

AM NOT THE TREATING PHYSICIAN. THIS FORM COMPLETED IN MY CAPACITY AS MEDICAL DIRECTOR FOR THE UNION PACIFIC RAILROAD.

FORM SI-1b (06-09)

UPGOSS000275